

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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March 28, 2007

## MEDICAID BULLETIN

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**TO: Providers Indicated**

**SUBJECT: Obstetrical Ultrasounds Coverage**

Generally, ultrasounds in the first trimester are performed to establish viability, gestational age, or to detect malformations. A second ultrasound, performed during the second or third trimester, establishes more detailed anatomy and/or interval growth. Current Medicaid policy allows one complete ultrasound per pregnancy. Additional ultrasounds are covered, based on medical justification with the results documented in the patient's chart. Ultrasounds requested by the patient to determine the sex of the fetus or for other reasons is the responsibility of the patient.

Effective on or after June 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS) will update its policy to cover two obstetrical ultrasounds per pregnancy. Additional ultrasounds may be approved but only if supporting documentation is attached to the claim that clearly indicates the service provided is medically necessary. Examples of appropriate documentation include ultrasound reports and patient clinical records and history. If the documentation is insufficient or illegible, reimbursement for additional ultrasounds will be rejected. All ultrasound services that appear to fall outside of best practice guidelines will be subject to post payment review by the Division of Program Integrity.

Multiple gestations billed with the Current Procedural Terminology (CPT) add on codes 76802, 76810, and 76812 will be counted as one ultrasound if billed on the same claim with primary CPT codes 76801, 76805, and 76811 respectively.

If you have any questions regarding this bulletin, please contact your Program Manager, at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr  
Director

RMK/bgwd

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